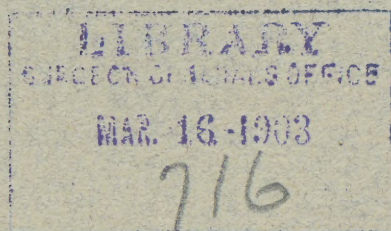


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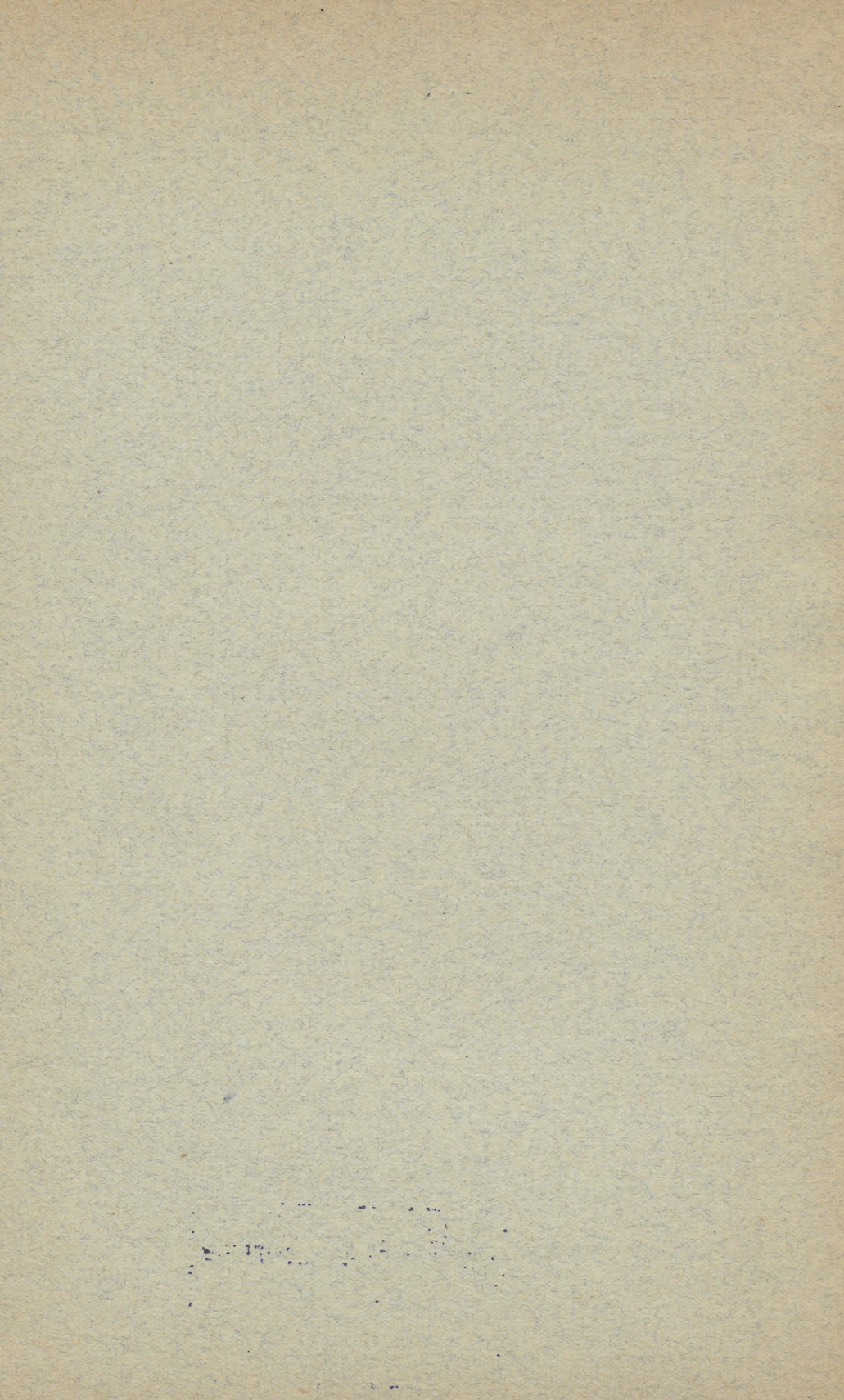
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OVARIAN CYSTS IN THE NEGRESS.

By THOMAS R. BROWN, M. D.



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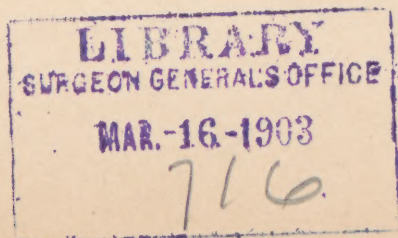
Comparatively little has been written concerning ovarian cysts in the negress, probably partly because that in most hospitals where extensive gynecological operations are performed the proportion of negro patients is very small, and partly because of the comparative rarity of this condition in negro women.

In fact, one frequently hears surgeons say: "The tumor before us presents all the features of an ovarian cyst, but inasmuch as the patient is a negress it is certainly not so, but a tumor of different origin (cystic myoma, etc.), as multilocular cysts are unknown in the negress."

That ovarian cysts are much rarer in negroes than in white women no one will deny, but as to the exact numerical relationship between the two few if any figures of importance are obtainable, and the object of this note is to give definitely and numerically this proportion as obtained by an analysis of ovarian cysts of various kinds operated upon at the Johns Hopkins Hospital.

In considering ovarian cysts the usual divisions have been made into (a) simple retention cysts, including Graafian follicle and corpus luteum cysts; (b) unilocular and multilocular ovarian cystomata, the two being considered together, as many regard the unilocular cysts as originally multilocular; (c) papillary cysts and (d) dermoid cysts of the ovary; also for sake of completeness parovarian cysts and intraligamentary cysts have been considered.

I shall discuss the frequency of ovarian cysts in the negress first (I) from a clinical and macroscopical standpoint, and second (II) from a microscopical and pathological standpoint, which is much more important.



I.

An analysis is here given of the various kinds of ovarian cysts occurring in the white and the colored for a period of six years, from January 31st, 1892, until January 31st, 1898, the variety of cyst being determined by clinical observation and macroscopic appearance.

Total No. of cases of all kinds treated in the gynecological service.		VARIETIES OF CYSTS.											
		Dermoid cysts.		Simple cysts (Graafian follicle and corpus luteum cysts).		Unilocular and multilocular cysts.		Papillary cysts.		Par-ovarian cysts.		Intraligamentary cysts.	
Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
3996	589	17	7	88	3	53	2	14	0	4	0	3	0

It will thus be seen that out of 191 cysts, only 12 were in the negress, a proportion of 1 : 15, while the proportion of colored to white gynecological patients treated during the same period was 1 : 6.75 (589 : 3996), *i. e.* ovarian cysts were relatively 2.2 times as frequent in white as compared with colored women.

When we analyze the proportion in the different varieties of cysts, we arrive at some striking results.

In the case of the dermoid cysts, cysts due to the inclusion of some of the embryonic ectoderm in the ovarian tissue, we find that 7 of the 24 cases reported were in the negress, *i. e.* 1 : 2.5 (7 : 17), which would seem to indicate that the dermoid cysts are relatively more than twice as common in the negress as in the white woman (the proportion of white to colored gynecological patients being 1 : 6.75).

As regards simple retention cysts, the proportion of 3 to 88 (*i. e.* 1 : 29.3) is probably not a fair estimate, due to the fact that what to call a Graafian follicle cyst and what to call a dilated Graafian follicle depends largely upon the individual operator.

When we consider unilocular and multilocular cysts, however, we are struck at once by their remarkable infrequency in the negress, of the 55 cases mentioned only 2 being in that race, *i. e.* a proportion of 1 : 26.5.

This is of especial importance, because this form of cyst of the ovary grows to the largest size, and it is this variety of cyst which many surgeons declare never occurs in the negress.

No cases were reported of papillary cysts of the ovary, parovarian or intraligamentary cysts in the negress.

Thus it will be seen that with the exception of dermoid cysts, ovarian cysts are really much less common in the colored race, the results, however, being more or less indefinite, due to the fact that the diagnosis was made clinically and macroscopically and not microscopically.

II.

An analysis of ovarian cysts from the microscopical standpoint was made from all cases operated upon in the Hospital from the latter part of 1893 until October, 1898.

During that time there had been microscopically described and diagnosed in the Gynecological-Pathological Laboratory 244 ovarian and parovarian cysts, divided as follows: Dermoid cysts 32, Graafian follicle cysts 68, corpus luteum cysts 16, unilocular and multilocular cysts 94, papillary cysts 10, and parovarian cysts 24.

(a) Dermoid cysts. Of the 32 dermoid cysts, 6 were in the colored, *i. e.* the proportion is 1 : 4.3, showing, as in the clinical study above, that these cysts are relatively more common in the negro race.

CASES OF DERMOID CYST OF THE OVARY IN THE COLORED.

CASES.	PATHOLOGICAL REPORT.	REMARKS.
(1) S.	Dermoid cyst of right ovary, 7 cm. in diameter	Myomatous uterus.
(2) J.	Dermoid cyst of ovary, 16 cm. in diameter	
(3) I.	Dermoid cyst of ovary, 7 cm. in diameter	
(4) S.	Dermoid cyst of ovary, 8 cm. in diameter	
(5) V.	Dermoid cyst of ovary, 4.5x3.5x3 cm.	2 intraligamentary myomata.
(6) C.	Dermoid cyst of right ovary, 2.5 cm. in diameter.	Myomata uteri.

(b) Retention cysts. Of the 84 simple retention cysts (68 Graafian follicle cysts, 16 corpus luteum cysts), 7 were in the colored, a proportion of 1 : 11, showing that these cysts are relatively less common in the negress than in the white woman (as stated before, the proportion of colored to white gynecological patients being 1 : 6.75).

CASES OF SIMPLE RETENTION CYSTS IN THE COLORED.

CASES.	PATHOLOGICAL REPORT.	REMARKS.
(1) S.	Right unilocular ovarian cyst, probably dilated Graafian follicle, intraligamentary, 9 cm. in diameter.	Double pyosalpinx.
(2) C.	Right corpus luteum cyst, 5 cm. in diameter.	Epithelioma of cervix.
(3) W.	Cyst of ovary from corpus luteum or Graafian follicle, 6x4x4.5 cm.	Double perisalpingitis and perioöphoritis.
(4) W.	Corpus luteum cyst, unilocular, 5 cm. in diameter.	
(5) B.	Cyst of left ovary, 5 cm. in diameter (probably of Graafian follicle).	Myomata uteri.
(6) B.	Graafian follicle cyst of right ovary, 4 cm. in diameter.	Myomata uteri.
(7) T.	Right Graafian follicle cyst, 4x3 cm.	

(c) Unilocular and multilocular cysts. Of the 94 unilocular and multilocular ovarian cysts, but 6 were in the colored, the proportion thus being but 1 : 14.7, showing that this form of cyst is relatively more than twice as common amongst white women.

It shows, however, that they are by no means so uncommon in the negress as popularly supposed.

CASES OF UNILOCULAR AND MULTILOCULAR OVARIAN CYSTS IN THE COLORED.

(1) G.—Color, black.

Pathological Report.—Multilocular ovarian cyst. Myoma uteri.

(2) H.—Color, black.

Examination.—Abdomen, especially right side, is distended by a firm elastic tumor mass reaching 9 cm. above the umbilicus, its longest axis being 23 cm. In left inguinal region is felt a hard, irregular mass, the size of a small hen egg.

Operation.—Cystectomy. Hystero-myo-salpingo-oöphorectomy.

The cyst was thin-walled, filled with bloody fluid ; it was developed from the outer pole of the right ovary and was entirely retro-

peritoneal. The uterus was myomatous, and there were many adhesions, especially about the cyst.

Pathological Report.—Multilocular cyst of right ovary 16 cm. in diameter, springing from the upper pole; the cyst wall is 1 mm. thick, the fluid is dark reddish-chocolate colored. Myomata uteri.

(3) I.—Color, black.

Examination.—Abdomen is much distended in its lower half, and a large mass of irregular outline can be palpated; to the right it feels elastic; to the left hard. The upper border of the mass reaches in the right parasternal line to within 11 cm. of the costal margin. Transversely it measures 29 cm.

Operation.—Cystectomy. Hystero-myo-salpingo-oöphorectomy.

On the right side a multilocular ovarian cyst posterior to the uterus, filling the cul-de-sac and rising above the pelvic brim, with its walls intimately adherent to the intestines. Myomatous uterus, size of foetal head.

Pathological Report.—Ovarian cyst (either multi- or unilocular, probably the latter); fluid is clear, limpid and yellowish. Myomata uteri.

(4) C.—Color, black.

Examination.—Abdomen is irregularly distended. On palpation a mass, divisible into two separate masses, can be made out, one occupying the lower portion of the abdomen, with irregular outline and nodular surface, the other reaching as high as the costal margin on the left, measuring $9 \times 12\frac{1}{2}$ cm. with smooth surface and elastic feel.

Operation.—Hystero-myomectomy. Cystectomy.

The cyst was punctured and the fluid withdrawn before the enucleation was started.

Pathological Report.—Left unilocular ovarian cyst, 7 cm. in diameter.

(5) F.—Color, black.

Examination.—The body of the uterus is apparently of normal size and is pressed backwards by a large abdominal tumor, which is firm, elastic, tense, of smooth surface and gives a distinct wave of fluctuation. Corona of resonance is well marked.

Operation.—Cystectomy (left). Right salpingo-oöphorectomy.

The cyst-wall was punctured, the fluid obtained therefrom being of a muddy brown color. The cyst sprang from the left ovary and was adherent to the omentum. The right tube and broad ligament were plastered over the surface of the cyst. Right salpingitis. The uterus contained a few myomatous nodules.

Pathological Report.—Large multilocular cyst of left ovary, 19×18 cm., containing 1800 c. cm. of dark brown fluid containing much albumen.

(6) H.—Color, black.

Pathological Report.—Right multilocular ovarian cyst, 6 cm. in diameter, dense adhesions, cyst of left ovary 5 cm. in diameter, containing blood and débris.

Thus it will be seen that, although these cysts are less common in the negro race, nevertheless they do sometimes occur, and reach as large a size in some cases as the corresponding cysts in the white race, and thus the possibility of their being present should always be seriously considered when the physical examination points in that direction.

(d) Papillary cysts. No case of this kind was found in the negress in the cases analyzed.

(e) Parovarian cysts. Of the 24 parovarian cysts, only 1 was in the negress, showing the extreme rarity of this variety of cyst in this race.

(1) A.—*Pathological Report.* Right parovarian cyst. Myoma uteri. Left salpingitis.

Thus, of the 244 cases of ovarian and parovarian cysts, but 20 were in the colored race, *i. e.* the proportion is 1:11.2, showing that the relative frequency of these cysts is 1.66 times as great in the white as in the colored race.

If we exclude the parovarian cysts, of the remaining 220 true ovarian cysts 19 were in the negress, a proportion of 1:10.6, *i. e.* the relative frequency is 1.57 times as great in the white as in the colored race.

If we exclude the dermoid cysts, cysts which owe their origin to some defect in embryonic development, of the remaining 188 ovarian cysts (corpus luteum, Graafian follicle, multilocular, unilocular and papillary cysts), but 13 were in the colored, *i. e.* a proportion of 1:13.4, showing that these cysts are *relatively* exactly twice as frequent in white women as in colored.

Perhaps the thing that strikes one most in studying these cases is the extreme frequency with which the ovarian cysts in the colored are associated with other pathological conditions, especially with a myomatous condition of the uterus.

In 10 of the 20 cases reported, uterine myomata were also found. These were distributed as follows: In 3 of the 6 cases of dermoid cysts; 2 of the 7 cases of Graafian follicle and

corpus luteum cysts; 4 of the 6 cases of unilocular and multilocular cysts; and in the 1 case of parovarian cyst reported.

In 3 of the 20 cases salpingitis, perisalpingitis or pyosalpinx was reported, *i. e.* evidences of inflammatory trouble, distributed as follows: In 2 of the 7 cases of corpus luteum and Graafian follicle cysts, and in the 1 case of parovarian cyst.

Thus, to summarize our results, while the simple retention cysts and the unilocular and multilocular ovarian cysts are seen relatively much less frequently in the negress than in the white woman, they are present relatively much more frequently than is universally supposed; while from both a clinical and pathological study the dermoid ovarian cyst seems to be relatively more frequent in the negro race.

